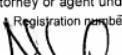


U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 199372005500		
Application Number	10/540,762	Filed June 24, 2005		
For LIQUID TREATMENT APPARATUS AND LIQUID TREATMENT METHOD				
Art Unit	1792	Examiner Sylvia MacArthur		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$460	Small Entity Fee \$230	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1050	Small Entity Fee \$525	\$ 1,050.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1640	Small Entity Fee \$820	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2230	Small Entity Fee \$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal Form (PTO/SB/17) is attached to this submission in duplicate.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,231</u>				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number (including under 37 CFR 1.34) _____				
 Signature _____ Date <u>June 4, 2008</u>				
Mehran Arjomand _____ (213) 892-5630 Typed or printed name _____ Telephone Number _____				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

(213) 892-5630
Telephone Number

(213) 892-5

Telephone Number

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EFS-WEB